

MAINE DEPARTMENT OF LABOR
Bureau of Unemployment Compensation

INITIAL CLAIM FORM - MAIL

1. Name (First) (Middle) (Last)			2. Social Security Number	
3. Mailing Address (Street # or Rural Route) (City or Town) (State – Zip Code)			4. Town of Residence	5. Telephone <input type="checkbox"/> Check if Message Phone
			5A. E-Mail Address	

A Personal Identification Number (PIN) will be needed in order to access some Department of Labor services. This number identifies you as the person filing the claim. It is very important that you keep this number confidential, as you will be held responsible for any unauthorized use of your PIN to file claims for unemployment benefits. **Please enter a 4-digit number that does not begin with a Zero (0) in this box.**

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(PIN #)

In order to file weekly claims, you **must** be registered with Maine's Job Bank. If you wish to file your weekly claims online, you need to create a web portal account. You can do either at www.file4ui.com by selecting "Register or Use the Maine Job Bank" or "Create a Portal Account."

6. In the past 18 months:

- a. Have you worked outside of Maine? ☐ Yes ☐ No
If yes, see item 31 to provide the State, employer's name and address, dates worked.
- b. Have you worked for the federal government as a civilian? ☐ Yes ☐ No
If you were a federal government employee, please enter your dates of service:
Date Started: _____ Date Ended: _____. Send copy of SF-8 (Standard Form 8) with this application.
Name and Address of Organization: _____
- c. Have you served over 90 continuous days of active duty in the military? ☐ Yes ☐ No
If you served in the military within the last 18 months, please enter your dates of service:
Date Entered Military: _____ Date Released Military: _____ Service Branch: _____
(Please attach a copy of "Member 4" of your DD Form 214.)
- d. Have you received Worker's Compensation Benefit? ☐ Yes ☐ No
- e. Have you filed a claim against another state in the past 12 months? ☐ Yes ☐ No
- f. Do you currently reside outside of Maine? ☐ Yes ☐ No
- g. Do you regularly commute to work in Maine from another state? ☐ Yes ☐ No

7. This Department provides accommodations for persons who require special services. Please check any that applies.

☐ Reader, ☐ Interpreter, which language? _____ ☐ Other (specify) _____

8. >> I attest, under penalty of perjury, that I am: <<

- ☐ U.S. Citizen
- ☐ Alien lawfully admitted for permanent residence (Enter Alien Number A-_____)
- ☐ Alien authorized by the Immigration and Naturalization Service to work in the U.S, please enter the following:
Alien No. _____ or Admission No. _____ Exp. Date of Auth Employment _____
(Please attach a legible front and back copy of your Alien Registration Form)

9. Marital Status: ☐ Married, ☐ Single, ☐ Other _____
10. Family Responsibility: ☐ Primary Wage Earner, ☐ Secondary Wage Earner, ☐ Live Alone
11. Number of People in your Family (count yourself: include spouse and children, if any) _____
12. Do you have any children for whom you are the main support? ☐ Yes ☐ No
If Yes, does your spouse work full-time? ☐ Yes ☐ No
OR, If Yes, are you a Single Parent? ☐ Yes ☐ No
13. Your Birth Date: _____ ☐ Male ☐ Female >>> **Years of Education:** _____
14. Are you hired through a Union Hall? (**If Yes, please attach a copy of your paid union dues receipt**) ☐ Yes ☐ No
15. **Optional:** Ethnic Group: ☐ White ☐ Black ☐ Hispanic ☐ Asian ☐ Indian/Alaskan ☐ Other _____
16. **At any time**, if you served over 90 continuous days of active duty military service, please enter your dates of service:
Date Entered Military: _____ Date Released Military: _____ Service Branch _____
17. In the last ten years, what job have you done the most? _____
a. How much experience do you have in this job? _____ Years, _____ Months
b. What occupation do you wish to seek work in if not the same as above? _____
18. Do you expect to be recalled by your former employer? ☐ Currently Working ☐ Yes, Recall Date is _____
☐ Yes, No Specific Date ☐ No

19. Work History (If you worked through a TEMPORARY Agency, you MUST list that agency as the employer)

Current or Most Recent Employer (Company Name)	Employer's Phone No.	Job Title
Address of Work Location	Job Ended (mm/dd/yyyy) (Last Date You Physically Worked)	Job Began (mm/dd/yyyy) (First Date You Physically Worked)
Reason for Separation: (Do not leave blank) <input type="checkbox"/> Lack of Work, <input type="checkbox"/> Left Voluntarily, <input type="checkbox"/> Discharged or Suspension <input type="checkbox"/> Currently Employed with Above Employer	Salary: \$ _____ Per <input type="checkbox"/> Hour, <input type="checkbox"/> Day, <input type="checkbox"/> Week, <input type="checkbox"/> Year, <input type="checkbox"/> Other _____	

19. Work History – Continued: (Complete only if you worked with your most recent employer for less than 5 consecutive weeks.)

Previous Employer Prior to Most Recent Employer (Company Name)	Employer's Phone No.	Job Title
Address of Work Location	Job Ended (mm/dd/yyyy) (Last Date You Physically Worked)	Job Began (mm/dd/yyyy) (First Date You Physically Worked)
Reason for Separation: (Do not leave blank) <input type="checkbox"/> Lack of Work, <input type="checkbox"/> Left Voluntarily, <input type="checkbox"/> Discharged or Suspension <input type="checkbox"/> Currently Employed with Above Employer	Salary: \$ _____ Per <input type="checkbox"/> Hour, <input type="checkbox"/> Day, <input type="checkbox"/> Week, <input type="checkbox"/> Year, <input type="checkbox"/> Other _____	

20. Since becoming unemployed, have you or will you receive any of the following?
- | | | | |
|-------------------------|--|----------------------------------|--|
| a. Vacation pay? | <input type="checkbox"/> Yes <input type="checkbox"/> No | d. Wages in lieu of notice | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| b. Holiday pay? | <input type="checkbox"/> Yes <input type="checkbox"/> No | e. Any bonus? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| c. Severance pay? | <input type="checkbox"/> Yes <input type="checkbox"/> No | | |
21. Is there a reason you cannot accept full-time work in your regular occupation? ☐ Yes ☐ No
If Yes, is this based on a medical reason? ☐ Yes ☐ No
22. Does your regular occupation require shift work? ☐ Yes ☐ No
If Yes, is there a reason why you cannot work all shifts? ☐ Yes ☐ No
23. How many hours per week did you normally work during the last 18 months? _____
24. How many hours per week are you currently able or available to work? _____
25. Have you refused any jobs since becoming unemployed from your last employer? ☐ Yes ☐ No
If Yes, enter the name of the employer that offered you the job? _____
26. Are you a student? ☐ Yes ☐ No
If Yes, is this through a ☐ CareerCenter or ☐ Enrolled on your own?
27. Are you self-employed? ☐ Yes ☐ No
28. Are you working on a commission basis? ☐ Yes ☐ No
29. Are you a corporate officer? ☐ Yes ☐ No
30. Are you receiving any other pension benefits? ☐ Yes ☐ No
If Yes, from which employer(s) did you earn it? _____
31. **If you answered Yes to item 6a above** indicating you worked for an out-of-state employer in the last 18 months, then complete the following:
- Which State(s) did you work in _____ (If more than one State, list in Remarks.)
- What dates did you work for this employer: From: _____ To: _____
- Out of State Employer's Name: _____
- Address: _____ Telephone: _____

Remarks: (If additional space is needed, attach a separate sheet)

CERTIFICATION: I understand that to be eligible for unemployment benefits: I must file a weekly claim as instructed. I must be able and available for work and actively seeking work. I must report all periods of employment of any type and report any wages and tips earned or cash value provided for such employment. I must report any offer of work that I refuse or any referrals made to work by the Maine CareerCenter that I refuse. I must report any dismissal wages, wages in lieu of notice, terminal pay, vacation pay, holiday pay, retroactive payments, bonuses, sickness and disability benefits, workers' compensation, retirement or pension payments which are paid or payable to me for this period. I certify that I am not seeking unemployment benefits under any other State or Federal unemployment insurance system for any part of this period. I certify that my answers to the questions on this form are true knowing that it is a criminal offense to make false statements to obtain benefits.

Signature: _____ Date: _____

Please review your answers carefully.
This form cannot be processed until ALL items have been completed.

Mail immediately upon receipt, but not later than 7 days. If not mailed within 7 days, claim will become effective in week of postmark. **Mail to the address from the instruction sheet.**

Filing an Unemployment Claim by Mail

These are the instructions for filing a new unemployment claim by mail. Please read and follow them carefully as mistakes could delay the processing of your claim.

A Personal Identification Number (PIN) will be needed in order to access some Department of Labor services. If you have filed previously and have a PIN enter the number in the PIN block. If you do not have a PIN, **select a 4-digit number that does not begin with a Zero (0).** This number identifies you as the person filing the claim. It is very important to keep this number confidential, as you will be held responsible for any unauthorized use of your PIN to file claims for Unemployment Benefits.

In order to file weekly claims, you **must** be registered with Maine's Job Bank. If you wish to file your weekly claims online, you need to create a web portal account. You can do either at www.file4ui.com by selecting "Register or Use the Maine Job Bank" or "Create a Portal Account."

1. Fill out both sides of the application form.

Accommodations for persons with special needs: If you need a reader, interpreter, or other assistance in completing this form, please contact the UC Claim Center shown on the back of this form.

2. Mail your completed application form as soon as possible to the UC Claims Center nearest to where you live. (Address list on reverse). It is important that you mail the form without delay, as the postmark will determine the starting date of your claim.

Important hints for completing this application

- * Do **NOT** skip or leave off any information requested, as this will prevent your application from being processed.

Most of the application should be easy to fill out. However, the following areas may need some explanation.

#6 – a, b, c, and d

- a. If you worked outside Maine, we need the full address of your work location and the payroll address if different.
- b. If you were employed by the federal government as a civilian, you should have received a "Standard form 8" (SF-8). Send a copy of this form with your application.
- c. If you were in the military service during the past 18 months, you may be able to use this service to qualify for benefits. Send a copy of your DD form 214, member-4 with your application. This form is issued by the military at the time of discharge.

In either case, you must send a photocopy of the required form or the original.

- d. If you received weekly Worker's Compensation benefits for an injury please indicate here. These wages can apply to your monetary and may increase your eligibility.

#12 – You may be eligible to receive dependency allowance for dependent children if you provide more than one half of their support.

#15 – Optional: Information from this section is not used in your unemployment claim. It is used to gather information about unemployment trends in Maine. Although it is helpful if you do so, you may provide this information or not, as you wish.

#17 – This item lets us know what occupation you have the most experience in and what type of occupation you are currently seeking work in.

#19 – Work History: This is very important information for your claim. Complete the work history with the most recent or last employer on the front side. Complete the second work history only if you have not worked for your last employer for less than five (5) consecutive weeks. If employment for this second employer was less than five (5) consecutive weeks please use a separate piece of paper to complete employment history of the last 18 months.

A “Remarks” section has been provided to you for any information you may need to include on your claim that has not been previously addressed within the questions on the form.

Certification: Please read this section carefully and sign the form. Unsigned applications cannot be processed.

UC Claim Center Address List

Send completed forms to *Maine Department of Labor, Bureau of Unemployment Compensation* at the address nearest you from the following list.

97 State House Station
Augusta, ME
04333-0097

P.O. Box 450
Bangor, ME
04402-0450

P.O. Box 1088
Presque Isle, ME
04769-1088

Telephone
1-800-593-7660

TTY Users Call Maine Relay 711